

Broker

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)
101019577

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			2			
4			1			
5	1		1			
6			1			
7			2			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
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TOTAL IND.	2		3			
TOTAL DEP.	12	↓	18	↓		↓
TOTAL CLAIMS	14	↓	21	↓		↓

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY